The solidarity of self-interest: Social and cultural feasibility of rural health insurance in Ghana

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FOCUS GROUP DISCUSSION FOR COMMUNITY MEMBERS

Collect general information on socio-demographic characteristics of focus group members i.e. age, gender, occupation, religion, etc.

Objective 1: To gain knowledge on traditional forms of support.

Questions:
  a) Which insecure situations in the past did the family provide support?
  b) Focus on health problems?
     What happens in the case of health problems?
     Probes:
     Ask for specific examples of what problems the family provided support in the past and recent times.
     How is this support provided?
     Who is /was responsible?
     Was the traditional system effective in providing the health care needs of people?
     Is it still effective in providing the needs of people in recent times?

Objective 2: To collect information on people’s perception about a formal/state social insurance system:

Question: Can you tell me something about the existing or proposed insurance scheme?

Probe
  Can you tell me something about how it would work?
  Are they or would they be members?
  Why or why not?
  Who takes the decision to join in the family?
  What do you think about those who become subscribers? What do you think about those would not subscribe?

Objective 3: To gain an understanding about people’s perception of the difference between the traditional and the new security system.
**Question:** What do they think is the difference between the old support system and the new collective insurance system?

**Probes**

What are the benefits and limitations of each?

If a member does not receive treatment but someone else does, then the first is helping to pay for the second. What do they think about this solidarity arrangement?

Are there any possibilities about others misusing/cheating such as some using the scheme more frequently than others. What do they think or how do they feel about this?

**Objective 4:** To gain information on how people expect the new system to affect the well being of the weakest members of the community.

**Questions:** Why do some people join the scheme why others would not?

**Probes**

Do they think the general health of those who do join will be different from those who do not? In what way(s)?

How can the scheme (either positively or negatively) affect the health or the ability to receive care of women, the elderly, children and those who cannot afford to pay for health care but are more likely to get ill?

In what ways is this possible or not possible?